

**Annual Renewal of CBS/MIS Criminal History Information
for Licensed Child Care Centers**

Utah Department of Health – Bureau of Child Care Licensing, Northern Region
915 North 400 West, Suite #201, Layton, Utah 84041

Director's Name (please print): _____ License #: _____

Center's Address (Include city & zip): _____

I certify this request is made pursuant to Utah Code 26-39-107, for renewal of a child care license, and that all information provided on this form is true and accurate. I further certify that a Statement of Disclosure has been signed by all individuals listed below and is on file at this facility. I understand that these signed forms must be provided upon request. I certify that all information provided herein is true and correct, and includes all owners, directors, board members, employees, volunteers, and minors age 12 and over who work or volunteer in this child care facility.

Director's Signature: _____ Date: ____/____/____ Phone: (____) _____ Cellular: (____) _____

* You must ✓ mark next to the Last Name of any individual below who has had a criminal arrest, warrant, or conviction since your last annual background clearance. Documentation and/or explanation regarding such incidents must be attached for Department review.

YOU MUST TYPE OR PRINT IN BLACK INK.

Sex M / F	Last Name *	First Name	Middle Name	Date of Birth	Social Security #	Driver's License #

Use additional pages as needed to include all owners, directors, board members, employees, volunteers, and minors age 12 and over who work or volunteer in this child care facility.

For Department use only. Do not write below this line.

Date Received	CBS Approval	MIS Approval